PART B - FEE(S) TRANSMITTAL

together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450



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22903 7590 07/22/2004 COOLEY GODWARD LLP ATTN: PATENT GROUP 11951 FREEDOM DRIVE, SUITE 1700 ONE FREEDOM SQUARE- RESTON TOWN CENTER				C	Certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
RESTON, VA 20190-5061						(Depositor's name)	
0/13/2004 MBERHE1 00000092 10769877					(Signature)		
FC:1501	FC:1501 1370.00 OP					(Date)	
FCARRAICATION NO.	FILING PATOO OP	FIRST NAMED INVI		DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/769,877	02/03/2004		David R	. Brown	TRCX003/01US	9220	
TITLE OF INVENTION: FA	AULT TOLERANT APPAR	ATUS AND MET	HOD FOR D	ETERMINING A REVOLUT	ION RATE OF A GEAR	·	
APPLN, TYPE	SMALL ENTITY	ISSUE FE	EE.	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
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EXAM	INER	ART UN	ΙΤ	CLASS-SUBCLASS			
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J. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customes Number is required.		Correspondence	(1) the na or agents (2) the na registered 2 registered	the names of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (having as a member a istered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is ad, no name will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Invensys Sy	an assignce is identified be 37 CFR 3.11. Completion of EE	low, no assignee	data will app	pear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO		document has been filed for 00000092 10769877 1370.00 0 300.00 0 15.00 0	
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the p	patent); 🔾 individual 🔻	corporation or other private	group entity	
4a. The following fee(s) are	enclosed:	_	. Payment of	, ,			
				in the amount of the fee(s) is e			
Advance Order - # of Copies5		•	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number				
5. Change in Entity Status a. Applicant claims SM	(from status indicated above IALL ENTITY status. See 3		🗅 b. Applic	ant is not claiming SMALL	NTITY status. Sec, c.g., 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee and Pr	is requested to apply the Issu ublication Fee (if required) vords of the United States Pate	vill not be accepted	i from anyon	ny) or to re-apply any previous e other than the applicant; a re	asly paid issue fee to the appli egistered attorney or agent; or	cation identified above. the assignee or other party in	
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Attorney Docket No. TRCX-003/01US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of David R. Brown et al.

Serial No.: 10/769,877

Examiner: Elias Desta

Filed: February 3, 2004

Art Unit: 2857

Confirmation No.: 9220

For: FAULT TOLERANT APPARATUS AND METHOD FOR DETERMINING A

REVOLUTION RATE OF A GEAR

U.S. Patent and Trademark Office 2011 South Clark Place Customer Window, **Mail Stop Issue Fee** Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202

ISSUE FEE TRANSMITTAL

Transmitted herewith are the following documents:

- [x] Fee(s) Transmittal (Form PTOL- 85) for the above-identified application
- [x] Comment on Statement of Reasons for Allowance

Fees:

- [x] Issue Fee of \$1,370.00
- [x] Publication Fee: \$ 300.00
- [x] Other Fees: \$ 15.00 for 5 Patent Copies.

Total fee: \$1,685.00

Payment of Fees:

- [x] Check for \$1,685.00 for the total fee is attached.
- [] Please charge \$___ to Deposit Account No. 50-1283 for the total fee. This paper is being submitted in duplicate.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: October 8, 2004

Cooley Godward LLP ATTN: Patent Group One Freedom Square Reston Town Center 11951 Freedom Drive Reston, Virginia 20190-5656

Tel: (703) 456-8000 Fax: (703) 456-8100

215947 v1/RE 4MMJ01!.DOC Respectfully submitted, COOLEY GODWARD LLP

By:

Christopher R. Hutter Reg. No. 41,087